



## **RHODE ISLAND STATE POLICE**

### **PRESS PASS APPLICATION INSTRUCTIONS**

**PLEASE FOLLOW THE INSTRUCTIONS BELOW BEFORE  
MAILING YOUR PRESS PASS APPLICATION:**

**\*PRIOR TO ISSUANCE – EXPIRED PRESS PASS MUST BE RETURNED.**

**\*IF STOLEN, LOST, OR DESTROYED, THE STATE POLICE CIU SHOULD BE NOTIFIED IMMEDIATELY.**

**\* A PASSPORT PHOTO OF THE INDIVIDUAL REQUESTING THE PRESS PASS MUST ACCOMPANY THIS APPLICATION.**

**\* A LETTER SIGNED BY THE SUPERVISOR OF THE INDIVIDUAL REQUESTING THE PRESS PASS MUST ACCOMPANY THIS APPLICATION. THIS MUST BE ON FORMAL LETTERHEAD FROM THE MEDIA OUTLET REQUESTING THE PASS.**

Please mail the completed form, letter and photo to:

Rhode Island State Police  
Attn: CIU  
311 Danielson Pike  
North Scituate, Rhode Island 02857

Phone: (401) 444-1000

**NOTE: APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A SUPERVISOR'S  
LETTER AND PASSPORT PHOTO.**



CARD #: \_\_\_\_\_

**RHODE ISLAND STATE POLICE**  
**PRESS PASS APPLICATION**

**PRINT OR TYPE (BLACK INK)**

NAME: \_\_\_\_\_

ALIAS/PROFESSIONAL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ SKIN TONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DRIVERS LICENSE NUMBER AND STATE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO \_\_\_\_\_  
*INITIAL ABOVE*

AFFILIATION/PLACE OF EMPLOYMENT: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_  
NAME TELEPHONE

ARE YOU REGULARLY EMPLOYED GATHERING POLICE BEAT NEWS? ☐ YES ☐ NO

DESCRIPTION OF DUTIES: \_\_\_\_\_

IS THIS FULL TIME EMPLOYMENT? ☐ YES ☐ NO

**BY SIGNING BELOW, I HEREBY DECLARE THAT THE INFORMATION FURNISHED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT UPON SUBMISSION OF THIS APPLICATION I WILL BE SUBJECT TO A BACKGROUND CHECK. IN ADDITION, I HEREBY DECLARE THAT I AM FULLY AUTHORIZED TO REPRESENT THE ORGANIZATION LISTED ABOVE AND TO ACT ON BEHALF OF IT:**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF EMPLOYER/SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: APPLICATION WILL NOT BE ACCEPTED WITHOUT THE SUPERVISOR'S LETTER AND A PASSPORT PHOTO OF THE INDIVIDUAL REQUESTING THE PRESS PASS.**

MAIL COMPLETED FORM, LETTER AND PHOTO TO:

RHODE ISLAND STATE POLICE  
ATTN: CIU  
311 DANIELSON PIKE  
NORTH SCITUATE, RHODE ISLAND 02857